SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 AUG -1: PH 2: 48 1997 DIVISION OF CORPORATIONS DOCUMENT # L12345 SECRETARY OF STATE TALLAHASSEE, FLORIDA (9)WONDERLAND IMAGES, INC. Principal Place of Business Mailing Address 7491-C5 N. FEDERAL HWY. 7491-C5 N. FEDERAL HWY. SUITE 288 **SUITE 288** BOCA RATON FL 33483 **BOCA RATON FL 33483** DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 08/30/1989 06/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0150517 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMARADIDIS, THEODOROS 924 GARDENIA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483 B3** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DP DELETE Change Addition TITLE 1.1 TITLE AMARADIDIS, THEODOROS NAME 1.2 NAME 3 300002261063-924 GARDENIA DRIVE -08/07/97---01101--013 STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ****165.00 DELETE TITLE 2.1 TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP □ DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 8.4 CITY - ST - ZIP 14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WouderBud /mages IVC. 924 Gardenne dr. De aray Bch. FL 33482

(2)

July 29, 1997

To Ferrida Department of State.

Dear Sir or Madam,

Treceived yesterday a notice (2nd notice) for protest cosporation consumed report.

Cosporation consumed report.

Please note than I have not received a first notice of the coone. I am sometim some to you with the ossigned fee. I apprecious very much your cooperation and independently.

Very Sixcerely, Ted Averradials Prosident, Wonderland Inamed Inc.